



94TH GENERAL ASSEMBLY
State of Illinois
2005 and 2006
HB5443

Introduced 01/27/06, by Rep. Tom Cross

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-24

Amends the Illinois Public Aid Code. Makes a technical change in a Section concerning disease management programs and services for chronic conditions.

LRB094 17573 DRJ 52869 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-24 as follows:

6 (305 ILCS 5/5-24)

7 (Section scheduled to be repealed on January 1, 2014)

8 Sec. 5-24. Disease management programs and ~~and~~ services for
9 chronic conditions; pilot project.

10 (a) In this Section, "disease management programs and
11 services" means services administered to patients in order to
12 improve their overall health and to prevent clinical
13 exacerbations and complications, using cost-effective,
14 evidence-based practice guidelines and patient self-management
15 strategies. Disease management programs and services include
16 all of the following:

17 (1) A population identification process.

18 (2) Evidence-based or consensus-based clinical
19 practice guidelines, risk identification, and matching of
20 interventions with clinical need.

21 (3) Patient self-management and disease education.

22 (4) Process and outcomes measurement, evaluation,
23 management, and reporting.

24 (b) Subject to appropriations, the Department of
25 Healthcare and Family Services ~~Public Aid~~ may undertake a pilot
26 project to study patient outcomes, for patients with chronic
27 diseases, associated with the use of disease management
28 programs and services for chronic condition management.
29 "Chronic diseases" include, but are not limited to, diabetes,
30 congestive heart failure, and chronic obstructive pulmonary
31 disease.

32 (c) The disease management programs and services pilot

1 project shall examine whether chronic disease management
2 programs and services for patients with specific chronic
3 conditions do any or all of the following:

4 (1) Improve the patient's overall health in a more
5 expeditious manner.

6 (2) Lower costs in other aspects of the medical
7 assistance program, such as hospital admissions, days in
8 skilled nursing homes, emergency room visits, or more
9 frequent physician office visits.

10 (d) In carrying out the pilot project, the Department of
11 Healthcare and Family Services ~~Public Aid~~ shall examine all
12 relevant scientific literature and shall consult with health
13 care practitioners including, but not limited to, physicians,
14 surgeons, registered pharmacists, and registered nurses.

15 (e) The Department of Healthcare and Family Services ~~Public~~
16 ~~Aid~~ shall consult with medical experts, disease advocacy
17 groups, and academic institutions to develop criteria to be
18 used in selecting a vendor for the pilot project.

19 (f) The Department of Healthcare and Family Services ~~Public~~
20 ~~Aid~~ may adopt rules to implement this Section.

21 (g) This Section is repealed 10 years after the effective
22 date of this amendatory Act of the 93rd General Assembly.

23 (Source: P.A. 93-518, eff. 1-1-04; revised 12-15-05.)